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CONFIRMATION NO. 2204

<b>SERIAL NUMBER</b> 09/692,420	<b>FILING OR 371(c) DATE</b> 10/19/2000 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> 39385/CAG/B600
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/634,552 08/08/2000 and claims benefit of 60/160,806 10/21/1999  
 and claims benefit of 60/163,487 11/04/1999  
 and claims benefit of 60/163,398 11/04/1999  
 and claims benefit of 60/164,442 11/09/1999  
 and claims benefit of 60/164,194 11/09/1999  
 and claims benefit of 60/164,314 11/09/1999  
 and claims benefit of 60/165,234 11/11/1999  
 and claims benefit of 60/165,239 11/11/1999  
 and claims benefit of 60/165,356 11/12/1999  
 and claims benefit of 60/165,355 11/12/1999  
 and claims benefit of 60/172,348 12/16/1999  
 and claims benefit of 60/201,335 05/02/2000  
 and claims benefit of 60/201,157 05/02/2000  
 and claims benefit of 60/201,179 05/02/2000  
 and claims benefit of 60/202,997 05/10/2000  
 and claims benefit of 60/201,330 05/02/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/28/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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**TITLE**

Adaptive radio transceiver with filtering

<b>FILING FEE RECEIVED</b> 6448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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